

BELMONT COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES
SCHOOL CLOTHES 4 KIDS PROJECT

Applicant Name: _____ Mailing Address (if different): _____

Street Address: _____

City, State, Zip: _____

Date of Application: _____ Phone: _____

Do you prefer to be contacted by phone _____ or email _____?

1. LIST ALL HOUSEHOLD MEMBERS STARTING WITH YOURSELF (use back if necessary)

Name	Social Security Number	Relationship to Applicant	Age & Grade Level	Source of Income (Wages, Child Support, SSI, VA Benefits, Lump Sums)	Monthly Amount
1.		Self			
2.					
3.					
4.					
5.					
6.					

Total Monthly Income: _____

(Verification of gross monthly income required)

2. Have you or any other household members moved to Belmont County within the last 30 days? ☐ Yes ☐ No

3. Have you or any other household members received PRC assistance from any other county or state in the last year?

☐ Yes ☐ No If YES, when, how much and from which state/county? _____

4. Is anyone in your household currently under a sanction? ☐ Yes ☐ No

If Yes, explain: _____

5. What school district does your child(ren) attend? _____

6. Has anyone in your household refused or quit a job? ☐ Yes ☐ No

If Yes, explain: _____

7. Are you currently employed? ☐ Yes ☐ No If yes, please list below:

Employee: _____

Employee: _____

Employer's Name: _____

Employer's Name: _____

Employer's Address: _____

Employer's Address: _____

Telephone Number: _____

Telephone Number: _____

8. Are you: Yes No

A United States Citizen _____

A Qualified Alien _____

A Fugitive Felon _____

9. If you or any member of your family has any of the following resources, place an X in the box beside the applicable resource and indicate the current value of that resource. (Verification of resource value is required):

Resource	X	Name of Person with Resource	Amount
Cash on hand			
Savings account			
Checking account			
Other			

10. If you are registered to vote where you live now, would you like to apply to register to vote here today?
☐ Yes, I wish to register to vote ☐ No, I do not wish to register to vote (If you do not check either box, you will be considered to have decided not to receive voter registration information at this time).
11. **Designate one person to shop in your place in the event you cannot shop: Name: _____**
(Your designee must bring a VALID PHOTO ID)
12. I understand that I MUST SPEND my entire allowance on my assigned shopping date for the allowable items and cannot shop on multiple days. Initials: _____

APPLICATIONS MUST BE SUBMITTED BY JULY 25 AT 4:30 P.M.

I swear or affirm the above information is true and correct to the best of my knowledge. I understand that providing false and/or incomplete information on this application will result in denial of this application and possible prosecution and will render me ineligible for any PRC assistance for a period of 24 months. I further understand that obtaining funds by providing false and/or incomplete information will render me ineligible for any future PRC assistance until those funds have been repaid.

Signature of Applicant

Date

NONDISCRIMINATION

Federal laws require that any agency administering federally funded programs and activities, cannot discriminate against you on the basis of race, color, national origin, sex, religion, political beliefs, disability, and age.

HOW DO I FILE A DISCRIMINATION COMPLAINT?

Your complaint can be filed with:

The Ohio Department of Job and Family Services
Bureau of Civil Rights
30 East Broad Street, 37th Floor
Columbus, Ohio 43215-3414

Fax to: (614) 752 - 6381 The Bureau of Civil Rights (BCR) staff is available to offer assistance with writing and filling your complaint(s). You can call BCR at (614) 644-2703 or Toll Free 1-866-227- 6353, TTY (614) 995-9961 or Toll Free 1- 866-221-6700.

Your Right to a State Hearing

If you believe your application has been a mistake or delay in your case, you have the right to request a State Hearing

You have a right to request a State Hearing in one of the following ways:

- **Email:** BSH@jfs.ohio.gov. In the subject line, enter "State Hearing Request" and include your name, case number and reason for requesting the State Hearing in the body of the email.
- **Phone:** 1-866-635-3748
- **Fax:** 1-614-728-9574
- **Mail:** Bureau of State Hearings PO Box 182825 Columbus Ohio 43218-2825
- **Online through the SHARE Portal:**
 1. Go to hearings.jfs.ohio.gov
 2. Log in using your Ohio Benefits ID and password. If you do not have an Ohio Benefits account, sign up at www.benefits.ohio.gov
 3. Verify your identity through Experian Precise ID.
 4. Sign on to hearings.jfs.ohio.gov

2023 School Clothes for Kids Program

Gross Household Income Standards

150% Federal Poverty Level

GROSS HOUSEHOLD INCOME MUST BE VERIFIED WITH YOUR APPLICATION. FAILURE TO VERIFY THE INCOME AT TIME OF APPLICATION WILL RESULT IN ONE REQUEST BEING MADE WITH FIVE BUSINESS DAYS TO SUBMIT NEEDED VERIFICATIONS. MULTIPLE REQUESTS WILL NOT BE MADE. FAILURE TO PROVIDE ALL NECESSARY VERIFICATIONS TO DETERMINE ELIGIBILITY MAY RESULT IN DENIAL OF YOUR APPLICATION.

HOUSEHOLD SIZE	INCOME STANDARD
2	\$2465
3	\$3108
4	\$3750
5	\$4393
6	\$5035
7	\$5678
8	\$6320
9	\$6963
10	\$7605
11	\$8248
12	\$8890

Household income includes, but is not limited to, earnings from employment, self-employment income, child support, spousal support, unemployment benefits, worker's compensation, pension/retirement income, social security of any type, SSI, gas/oil income & royalty income, and any other monthly income that you may receive.

GENERAL ELIGIBILITY GUIDELINES

The School Clothes for Kids Program is open to all Belmont County residents with eligible children entering Kindergarten through 12th grade for the 2023-2024 school year. Home-schooled and online schooled children are not eligible for this program. Pre-kindergarten and pre-school aged children are not eligible either.

Children entering kindergarten must be at least five years old at the time of application. Children entering the 12th grade must be no older than 18 years of age at the time of application.

All household income must be verified at the time of application. Failure to verify income with your application will result in ONE checklist being sent requesting the last 30 days of gross household income. You will have FIVE working days to respond to the request. Failure to verify income will result in denial of your application.

Shopping days are scheduled for Tuesday, August 15th (last names between A-I), Wednesday, August 16th (last names between J-Q), and Thursday, August 17th (last names between R-Z). In order to receive gift cards, the parent/guardian/alternate shopper must provide a VALID STATE-ISSUED PHOTO ID. The photo ID will be retained by BCDJFS staff until all shopping is completed and all receipts and used gift cards are returned. Shopping hours will be between 10:00 AM-7:00 PM each day. Families should give themselves enough time to complete shopping.